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NOTES ON RECENT HEALTH DEVELOPMENTS IN THE NETHERLANDS

An indication of the present situation in the Netherlands with respect to medical personnel, birth and death rates, the incidence of specific diseases, and medical supplies

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NOTES ON RECENT HEALTH DEVELOPMENTS IN THE NETHERLANDS

SUMMARY

1. Determined resistance by Dutch physicians to attempts at nazification have resulted in the disruption of public health work.

2. Over-all vital statistics indicate that the Netherlands' traditionally high rate of natural increase continues.

3. Statistics for specific diseases, however, reveal a deteriorating health situation. The rates of increase of diphtheria, scarlet fever, and bacillary dysentery are especially marked.

4. The supply of medicines, of which 70 percent was formerly imported, is short in particular categories.

I. HEALTH PERSONNEL

The outstanding fact concerning Dutch medical personnel has been its resistance to attempts by Quislings and occupation authorities at "coordination." When the Dutch Union of Physicians, in 1941, was forced to nazify its Board, four thousand physicians (97 percent of all Dutch physicians) withdrew from the organization and also refused to join a Physicians' Guild. The Guild Leader, nonetheless, enrolled them as members and deducted the membership fee from the salary they received for health-insurance work. As a result,

numerous physicians simply stopped work. In the ensuing struggle, which has shown few signs of abating, physicians have been sent to concentration camps, local health services have broken down, and the occupation authorities have been forced to intervene.[1] In more recent months, the Dutch medical profession has been instructed to send five hundred to one thousand doctors to Germany, but this request has apparently been resisted thus far.[2] It is known that the Germans have attempted to draw on Dutch nursing personnel for service in Germany and that a number of nurses have been given special training for that purpose.[3]

The following men are leading Quislings in the medical profession:

Dr. Keyer, Leader of the Medical Front until relieved by Mussert in March 1943; at present Head of the Department for National Health

Dr. Chr. A. Goette, present Leader of the Medical Front

Dr. G. S. Galjart, his deputy

II. OVER-ALL VITAL STATISTICS

Dutch vital statistics still present a favorable picture, showing a large natural increase year after year.

1. Svenska Dagbladet, 27 April 1943; Deutsche Zeitung in den Niederlanden, 14 July 1943; Algemeen Handelsblad, 2 July 1943; Telegraaf, 13 September 1943; Het Nationale Dagblad, 3 July 1943.

2. Radio Hilversum, 12 September 1943.

3. Limburger Koerier, 17 July 1943; Deutsche Zeitung in den Niederlanden, 8 March 1943.

The following is a tabulation of birth rates, death rates, marriage rates and infant mortality rates for the past five years:

Year	Birth rate	Death rate	Marriage rate	Infant mortality rate
		(Per thousand)		
1938	20.5	8.5	7.7	37
1939	20.6	8.6	9.2	34
1940	20.8	9.9	7.6	40
1941	20.3	10.0	7.3	44
1942	20.9	9.5	9.7	40

III. SPECIFIC DISEASES

The following are specific death rates for some diseases for the first half of 1942 and of 1943 respectively:

	Deaths per 10,000	
	January-June 1942	January-June 1943
Typhoid fever.....	.1	.1
Scarlet fever.....	.02	.1
Whooping cough.....	.2	.4
Diphtheria.....	.7	2.2
Tuberculosis (all forms).	6.4	7.6
Grippe.....	1.6	1.2
Measles.....	.1	.3
Other contagious diseases	1.7	1.7

A. Diphtheria

Diphtheria has shown the greatest increase in number of cases, which continues unabated. In 1942 the number of cases was almost twenty times as high as in 1939:

Year	Diphtheria: number of cases
1939	1,273
1940	1,733
1941	5,278
1942	19,414

For 1943 data are available only for a few specific weeks; the most recent four-week period shows the following incidence:

Week	Diphtheria: number of cases
October 10 to 16.....	1,717
October 17 to 23.....	1,952
October 24 to 30.....	1,897
October 31 to November 6	1,893

Thus, in a period of only four weeks, 7,400 cases were reported. Partial as this evidence is, it is sufficient to indicate that the total number of cases in 1943 must have risen far beyond the number reported in 1942. Comparison with the less than twenty thousand cases reported for the entire year of 1942 in the United States indicates the prevalence of the disease in the Netherlands. The seasonal incidence of the disease follows the usually observed pattern with the largest number of cases in the last quarter of the year:

Year	First quarter	Third quarter	Fourth quarter
1941	1,026	807	2,275
1942	2,806	3,930	9,333

Anti-diphtheria immunization, which had made much headway in recent years, was made compulsory in certain localities for all children.[1] In November-December 1943, 20,000 young men in 24 localities due to be called up for Labor Service were immunized.[2]

B. Scarlet Fever

Cases of scarlet fever have continued to increase during the past two years. During 1941 and 1942 the number of cases were as follows:

Year	First quarter	Second quarter	Third quarter	Fourth quarter	Total
1941	2,028	1,309	1,494	2,321	7,152
1942	2,209	2,860	3,624	4,002	12,695

During September 1943 the following number of cases were reported:

Week	Number of cases
September 5 to 11	475
September 12 to 18.....	546
September 19 to 25.....	542
September 26 to October 2	630

The total of 2,200 cases for a period of only four weeks suggests a 1943 total in excess of the number of cases reported in 1942. In the United States the number of cases for the whole year of 1942 was 126,000.

1. De Tijd, 23 October 1943. See also Health in Axis Europe, R & A No. 1070, p. 35.

2. De Tijd, 27 October 1943.

C. Tuberculosis

The spread of tuberculosis, which was noted in Health in Axis Europe, R & A No. 1070, p. 49, has apparently continued. There are complaints of lack of space in sanatoria and hospitals and of the adverse consequences which arise when the patients have to be cared for in their homes.[1] The situation in the large towns, especially Amsterdam, is reported to be particularly grave.[2]

D. Deficiency Diseases

Except for several cases of scurvy, early in 1942, no specific deficiency diseases have so far been reported.[3] Fairly liberal distributions of Vitamin C and D are made to children and expectant and nursing mothers.

E. Gastro-intestinal Diseases

The incidence of gastro-intestinal diseases has increased considerably in recent years, although the rise is less striking than that of diphtheria and scarlet fever.

The seasonal incidence of typhoid during 1941 and 1942 was as follows:

Year	First quarter	Second quarter	Third quarter	Fourth quarter	Total
1941	12	25	79	44	160
1942	40	89	173	220	522

1. Algemeen Handelsblad, 31 August 1943.
2. Nieuwe Rotterdamsche Courant, 26 June 1943.
3. Ministry of Economic Warfare, 10 October 1943.

Paratyphoid likewise made headway in 1941 and 1942. The seasonal incidence was as follows:

Year	First quarter	Second quarter	Third quarter	Fourth quarter	Total
1941	30	34	118	86	268
1942	95	141	101	99	436

Weekly figures for certain periods of 1943 apparently indicate that the spread of both diseases has been arrested.

Of greater significance is the spread of bacillary dysentery, which has continued in 1943. The seasonal incidence in 1941 and 1942 was as follows:

Year	First quarter	Second quarter	Third quarter	Fourth quarter	Total
1941	200	348	1,797	1,066	3,411
1942	280	378	1,939	1,535	4,132

Weekly figures for September 1943 are as follows:

Week	Number of cases
September 5 to 11.....	486
September 12 to 18.....	675
September 19 to 25.....	550
September 26 to October 2	326

The resulting total of some 2,000 cases for the four-week period suggests a marked increase for 1943 as a whole.

F. Poliomyelitis

In 1943, an outbreak of polyomelitis occurred. Whereas

in 1941 and 1942 the number of reported cases had been 445 and 196, respectively, in September 1943 the following number of cases were reported:

Week	Number of cases
September 5 to 11.....	176
September 12 to 18.....	125
September 19 to 25.....	103
September 26 to October 2	121

The total of over 500 cases for this four-week period exceeds the number reported for the entire preceding year.

Dutch newspapers are greatly concerned over a possible further spread of this disease. In Amsterdam parents had urged that the schools be closed, but the health authorities decided against this measure since children, by going to schools, are kept away from unhygienic playgrounds.[1] In Hilversum people were warned against consuming unpeeled or unwashed fruit and vegetables, and urged to protect food from flies and other insects. They were advised to observe the rules of hygiene as strictly as possible.[2]

IV. MEDICAL SUPPLIES

In pre-war years, about 70 percent of domestic medical supplies were imported. Imports in 1937 were valued at 7,380,000 guilders and originated, in the main, in Germany. Smaller amounts were supplied from the United Kingdom, Switzerland, France, and the United States.

Domestic production was chiefly for export and

1. Nieuwe Rotterdamsche Courant, 23 August 1943.
2. Telegraaf, 23 August 1943.

amounted to some 14,000,000 guilders in 1937. Exports were valued at 11,243,000 guilders and consisted to 80 percent of cinchona derivatives manufactured from raw materials obtained from the Dutch East Indies.

Under German occupation, the pharmaceutical industry has undergone a concentration process designed to eliminate non-essential producers and those whose supplies consisted of raw materials which were no longer imported.

At the present time the following medicines are reported to be in short supply[1]: ointments, protargol, cocoaine, caffeine, urotropine, quinine, castor oil, salicyl, sulphur, luminal, bromide, bismuth, camphor, calomel, codeine, mercurochrome, pyramidon, ephedrine, digitalis, gold preparations, papaverine, pilocarpine, iodine, morphine, toilet paraffin, atropine, insulin and cod-liver oil. The lack of iodine has impeded the customary iodization of drinking water in certain localities. The cod-liver oil situation was temporarily relieved by imports from Norway which, in 1943, amounted to 25 tons, valued at 56,000 German marks or 98,560 Norwegian kroner. The Netherlands, in turn, exported to Norway during 1943 volatile and synthetic aromatic oils valued at 35,000 German marks or 61,000 Norwegian kroner, and medical drugs and preparations valued at 120,000 German marks or 211,200 Norwegian kroner. It is believed that a good many of these

1. De Tijd, 16 January 1943; Haagsche Courant, 13 September 1943.

preparations are products of N. V. Organon, a manufacturer of glandular products, particularly of insulin. The Netherlands insulin situation is characterized by reported shortages and domestic rationing of insulin on the one hand, and by a reported expansion of productive capacity on the other. Before the war, N. V. Organon produced three to four hundred million international units of insulin per year, largely upon the basis of raw materials imported from South America. Present domestic production is said to be seven million international units, while minimum requirements of insulin for domestic consumption are estimated at twelve to fourteen million international units per month.

Before the war, the Netherlands supplied insulin to Belgium and a few non-European countries. Immediately after the occupation of the country the Organon laboratories were taken over by the German pharmaceutical concern, Schering A.G. The extent of present insulin exports, presumably to Germany, cannot be ascertained.